

HANNA
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Equifax Information Services, LLC
 CSC Lawyers Incorporating Service Inc.
 150 South Perry Street
 Montgomery, AL 36104

A. Signature <i>Elaine Brown</i>	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Dorothy Brown</i>	C. Date of Delivery <i>11/15/05</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	

2:05cv1081 (cmpl) rms 20 Dec

2. Article Number

(Transfer from service lab)

7005 1160 0004 3935 7739

4. Restricted Delivery? (Extra Fee) Yes

Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Trans Union, LLC
 Prentice-Hall Corporation Systems Inc.
 150 S. Perry St.
 Montgomery, AL 36104

A. Signature	<input type="checkbox"/> Agent
X <i>D Brown</i>	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
<i>Dorothy Brown</i>	11/15/05
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, enter delivery address below.	

2:05cv1081 (Cmplsmt 20 days)

2. Article Number

(Transfer from service)

7005 1160 0004 3935 7753

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004